



## Summer Day/Sport Camp Registration

Child's Name \_\_\_\_\_ ☐ Boy or ☐ Girl Age \_\_\_\_\_

Camp: ☐ Kapers & Kids ☐ Rockin R ☐ CIT ☐ Sporty's 4 Shorty's ☐ Slam'n Jam'n ☐ Sportball

☐ Flag Football ☐ Harlem Legends ☐ HABIT'S Basketball ☐ Girl's Volleyball ☐ Junior Golf

☐ Racquetball ☐ Little Lobbers ☐ Tennis Beginners ☐ Karate ☐ Fencing ☐ Alamo City Quarterback

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent/Guardian's Day Phone # \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Parent/ Guardian's Email Address \_\_\_\_\_

Name of Parent/Guardian responsible for payment \_\_\_\_\_ Phone # \_\_\_\_\_

\*\*(Parent(s) responsible for payment are the only person(s) allowed to make changes to the child's registration form.)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Local Person to call in case of emergency if parent/guardian cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby authorize the camp staff to allow my child to leave the camp ONLY with the following persons:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL INFORMATION:** In the event of an emergency and a parent/ guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation. Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's registration and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-to-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children. List any special problems that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that the staff should be aware:

Treatment to be given: \_\_\_\_\_

### **Parent's/Guardian Acknowledgements**

- **Permission for Transportation:** I grant camp staff to transport my child to and from the camp site for field trips and other planned events. I understand that reasonable precautions will be taken to insure the safety and health of my child.
- **Medical Waiver:** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the camp staff to make arrangements to transport my child to the nearest hospital/emergency medical facility and secure any and all necessary medical care for my child. I give consent for necessary emergency treatment when my child is in the care of my designated physician, hospital or clinic.
- **Waiver:** I waive liability of personal harm arising out of my participation in PARD programs and accept responsibility for it.
- **Waiver for Photo Release:** I give my consent for any photos taken of my child involved in PARD programs to be used for PARD promotions or display.
- **Refund /Cancellation Policy:** Refunds requested 14 calendar days or more from the event start date will receive a 100% refund less a \$25 administrative fee. Program refunds requested 14 calendar days or less from the start date will forfeit all fees. All withdraws must be submitted in writing.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

Please complete and return the form above by either: emailing to [mselvera@round-rock.tx.us](mailto:mselvera@round-rock.tx.us), faxing to (512) 341-3395, or dropping off at the Clay Madsen Recreation Center 1600 Gattis School Road Round Rock, TX 78664